

No. 2
4-13-43
-17-39
T 22-119

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12406

State File No. _____

Registration District No. 908

Primary Registration District No. H549

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mt. Grove Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Mt. Grove
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Clifford Wayne Emery

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color of race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 9 1940
(Month) (Day) (Year)

8. AGE:

| | | | |
|-------|----------|------|----------------------|
| Years | Months | Days | If less than one day |
| | <u>5</u> | | hr. _____ min. |

9. Birthplace Manassas Md.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Clifford Emery

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Konradine Clark

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Emery

(b) Address Mt. Grove Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Feb. 10 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Green Mt.

18. (a) Signature of funeral director Russell Barber

(b) Address Mt. Grove Mo.

19. (a) 3-1-41
(Date received local registrar) (b) Bernard Montgomery
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1941 hour 4 minute 0 P.M.

21. I hereby certify that I attended the deceased from Feb. 15, 1941, to Feb. 9, 1941; that I last saw him alive on Feb. 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial Pneumonia

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 831

While at work? _____
(Specify type of place) (e) Means of injury.

23. Signature R. W. Emery (M. D. or other) 0

Address Mt. Grove Mo. Date signed Feb. 11

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
1
0

RECEIVED

District Health Officer No. 0,

District File Number ⁴⁴⁷⁻⁶⁶² ~~APP-7~~ ~~16-1941~~

Date Filed -----

HS. O.

607

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12406

Registration District No. 908

Primary Registration District No. 4549

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Wright Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Cliffard Wayne Emery
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 9
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchitis
Pneumonia Duration _____

Due to No complications

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature Cliffard W. Emery (M. D. or other) _____
Address Wright Grove, Mo Date signed 6/12/41

SUPPLEMENTAL

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

R

